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## BIB DATA SHEET

CONFIRMATION NO. 6148

<b>SERIAL NUMBER</b> 10/721,691	<b>FILING or 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b>		
<b>APPLICANTS</b> Karl Reinitz, Arnold, MD; <b>** CONTINUING DATA *****</b> none <b>** FOREIGN APPLICATIONS *****</b> none <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 02/25/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/AMY T LANG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance ATL Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> KARL REINITZ 75 SHERIDAN ROAD ARNOLD, MD 21012 UNITED STATES						
<b>TITLE</b> Surgical suturing apparatus						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		